

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012677

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

3102

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED APR 6 1962

VS 300
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

4/9/62

4/9/62

5621 Pernod

5681 Pernod

13b, 16 Haeffner & 494-10-8453

Maxwell & None

BY AFFIDAVIT OF Funeral Director

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louisc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION D.O.A. Barnes Hospital

Length of stay in 1b

Inside Limits
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First AUGUST

Middle H.

Last GIESEKE

5. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
2-16-18949. AGE (last birthday)
6810. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Sec'y. & Treas.-Meat Cutters Union #8811. BIRTHPLACE (City and state or country)
Hermann, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.13a. FATHER'S NAME
Henry Gieseke13b. MOTHER'S MAIDEN NAME
Magdalena Maxwell14. NAME OF HUSBAND OR WIFE
Beatrice M. Gieseke15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No None

16. SOCIAL SECURITY NO.

17. INFORMANT
Beatrice M. Gieseke 5621 Pernod Ave.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐20c. TIME OF
INJURY
Hour
a.m.
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐21. I attended the deceased from 1958 to present and last saw him alive on March 19, 1962
Death occurred at 10:20 P. m on the date stated above, and to the best of my knowledge, from the causes stated.22a. SIGNATURE
(Degree or title)
Dr. Maxwell MD22b. ADDRESS
4500 Olive St.22c. DATE SIGNED
3-22-6223a. BURIAL, CREMATION,
REMOVAL (Specify)
Removal23b. DATE
Mar. 24, 196223c. NAME OF CEMETERY OR CREMATORY
Valhalla Cemetery23d. LOCATION (City, town, or county)
St. Louis Co. Mo.24. FUNERAL DIRECTOR
Kriegshauser 4228 S. Kingshighway Blvd.25. DATE RECD. BY LOCAL REG.
MAR 22 196226. REGISTRAR'S SIGNATURE
Karl Smith, M.D.27. INTERVAL BETWEEN
ONSET AND DEATH
??
? 3 years
420128. PART III. If deceased was female was
there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ UnknownUSE BLACK INK
OR
TYPEWRITER RIBBON

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James R. Simon

Licensed Embalmer No. 4527

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.